

Change of Authorized Agent Agreement Form

RE: Change of Authorized Agent VWP General Permit Coverage No.: _____

Name of Permitted Facility: _____

City/County: _____

TO: Virginia Department of Environmental Quality

[Staff Name], [Regional Office]

[Address]

[City, State Zip]

I (We), the undersigned, hereby request a change in the Authorized Agent for the above referenced VWP General Permit Coverage.

Date of Change: _____

CURRENT PERMITTEE: I (We), _____, hereby certify that I (we)
NAME(S)

have authorized _____ to act on my (our) behalf to take all
NEW AGENT'S NAME(S)

actions necessary for application processing, coverage issuance and modification, and compliance with any and all associated conditions, liabilities, and responsibilities.

Signed: _____ Date: _____

Printed Name: _____ Title: _____

Address: _____

Phone: _____

Email: _____

NEW AUTHORIZED AGENT: I (We) hereby agree, as the Authorized Agent(s), to act on the permittee's(permittees') behalf to take all actions necessary for application processing, coverage issuance and modification, and compliance with any and all associated conditions, liabilities, and responsibilities.

New Authorized Agent(s): _____

Signed: _____ Date: _____

Printed Name: _____ Title: _____

Address: _____

Phone: _____

Email: _____

This form must be signed by properly authorized individuals as specified in the applicable VWP Regulation(s).